

Maternal and Child Health Needs Assessment Teens on Adolescent Health



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INTRODUCTION



As set forth by the Maternal and Child Health Block Grant, the Family and Community Health Bureau is conducting a needs assessment of the maternal and child health population in Montana. This project is designed to identify the health needs of infants, children, and women of childbearing age.

This report presents observations and analyses based on confidential focus groups conducted with adolescents between the ages of 13 and 22 years. The Montana Family and Community Health Bureau commissioned external partners, Sofia Warden and Colleen Roylance of Health Improvement Team, LLC to moderate the five focus groups in this study. These focus groups were held between November 2009 and January 2010 in five locations throughout Montana: Billings, Hamilton, Miles City, Missoula, and the Blackfeet Reservation. Focus group sessions lasted approximately 90 to 120 minutes and were audiotaped.

CAUTION

Focus group studies are conducted with small, carefully screened sample populations. Generally participants are not randomly selected; results may not be representative of the general population. Focus group research should be viewed as exploratory. The following observations are made from the limited context of these focus groups and should not be used as a substitute for quantitative research.

PARTICIPANT DEMOGRAPHICS

Gender

Male	12	23%
Female	41	77%

Age

12-14	12	23%
15-17	25	48%
18-20	11	21%
21-23	4	8%

Primary source of your insurance:

Private Insurance	16	39%
None	8	20%
Healthy Montana Kids Plus (Medicaid)	6	15%
Healthy Montana Kids (CHIP)	6	15%
IHS/PHS	5	12%

"Other" insurance types mentioned:

Unknown	7	-
Blue Cross	2	-
Po'ka	1	-
BPS	1	-
Champ VA	1	-

Do you have dental insurance?

Yes	30	67%
No	15	33%
Unknown	8	-

Do you have vision insurance?

Yes	20	50%
No	20	50%
Unknown	13	-

Do you have a primary/regular doctor?

Yes	35	71%
No	14	29%
Unknown	4	-

Do you have a primary/regular doctor?

Pediatrician	16	48%
Family Practice Doctor	11	33%
Other (IHS-3)	5	15%
Specialist	1	48%
Unknown	20	-

What is your race?

White	38	72%
Native American/Alaska Native	9	17%
Asian	0	0%
Black/African American	2	4%
Native Hawaiian/Pacific Islander	0	0%
Other	4	8%

Are you of Hispanic or Latino origin?

Yes	5	11%
No	42	89%

MAIN THEMES

CHALLENGES AND CONCERNS

When asked about the biggest concerns facing teens in their communities, the majority made equal mention of alcohol/drug use, sexual activity/pregnancy, and obesity. Drinking was the number one concern for teens on the Blackfeet Reservation.

1. Health Care

Teens on the Blackfeet Reservation said drug and alcohol treatment is the most needed service including *“more ‘Minors in Possession’ classes”*. In all other communities, the majority of teens said they need more education on all health topics especially *“youth groups for education”*. A majority of teens in Billings, Miles City and Hamilton indicated there is a need for counseling. One teen specified, *“counseling for depression caused by family or relationship problems as well as stress issues”*.

In all communities, most teens believe their parents worry about drugs/alcohol use and *“pregnancy, big time”*. On the Blackfeet Reservation, teens mentioned car accidents and *“getting stranded somewhere”* without transportation were also major concerns of parents. A couple of teens mentioned depression and *“your happiness”*.

Access

For information regarding health issues, most teens in all communities said they can go to a doctor/clinic, parent/relative, the internet and/or friends in that priority order. Several teens mentioned they are careful using the internet because *“the computer lies”* but they try to use the *“doctor sites”*.

The teens in these focus groups made equal mention of telling parents, going to the doctor or just staying home and sleeping when they aren't feeling well. A couple of teens said they *“just suck it up”* and do what they were going to do anyway. The decision to consult a doctor is evenly split between parent and teen.

The majority of teens indicated they are able to see a doctor or dentist when needed. On the Blackfeet Reservation, some teens said it is difficult because providers only see kids on certain days and *“you have to wake up early to make an appointment”* because it is first-come, first-served. About one-third of the teens in these focus groups admitted they are unable to see a doctor because of money and/or insurance issues. However, most teens with this concern are out of high school and live independently.

2. Specific Health Topics

Nutrition

In all communities, most teens mentioned they get nutrition information from health class at school, parents/family and from the internet. However, a large number of teens said that nutrition concerns *“go out the window”* if it's something they want to eat. Very few teens, mostly girls, admitted they look at nutrition labels.

Asked why teens aren't as active as they used to be, teens in all groups blamed technology: television, internet and video games. One teen said parents *“use the TV as a baby sitter when the kids are younger so it just becomes a habit when they get to be*

teens. Teens mentioned cars as the second biggest reason for being less active. One teen said, *"More cars, which are more convenient than walking or biking, and kids get their license at younger ages."* Several teens mentioned that parents and friends aren't active so they don't see it being modeled.

Alcohol, Drugs, and Tobacco

Teens in all communities indicated that the use of alcohol, drugs and tobacco begins between ages 13-15 years with a few believing 12 years of age for first use. Many teens said that if the parents or older siblings do it (drinking, drugs, smoking), then teens see it as accepted and do it as well. Other reasons mentioned were *"boredom"*, *"attention"* and *"to feel older"*. Several teens mentioned that more ranchers' kids chew tobacco and that wrestlers use it *"to lose weight"*.

In all communities, the majority of teens said their peers use older friends or siblings as *"runners"* to get alcohol and tobacco. Some said teens ask strangers to buy alcohol for them. A few admitted that teens steal alcohol and cigarettes from their parents or use fake identification cards. Most teens said it's easy to get drugs because one of more of their peers knows a dealer or has a friend who knows someone. A few teens said that kids take prescription drugs from their parents.

Sexual Health

When asked about the reason for increasing teen pregnancy rates, teens on the Blackfeet Reservation mentioned *"alcohol"*. One teen said that other teens *"go to a party, get drunk and have sex"*. Another reason mentioned by several teens is the need to receive attention; *"people don't listen to them or care about them"*.

The vast majority of teens in all other communities attribute the rising teen pregnancy rate to the media: movies, TV and music. (Media was not mentioned at all by teens on the Blackfeet Reservation.) One teen said, *"They make it seem like everyone is doing it; it is common place and no big deal"*. Several teens mentioned that parents don't teach or enforce morals and they let them watch these shows; *"parents aren't as strong about it"*. Several teens said it is a matter of whom you hang out with. Other reasons mentioned were *"trying to keep a boyfriend"* and *"acting in the moment"*.

Almost all teens could name some form(s) of contraception and said they know about emergency contraception. Abstinence was mentioned in all groups as an effective way to avoid pregnancy. Very few teens indicated they don't know where to go for confidential health care. Many teens mentioned clinics and parents as their primary sources of information. Several teens in all groups agreed they would like more information about preventing pregnancy and sexually transmitted disease.

Emotional Health

Family problems, *"breakups"* with boy/girl friends, school pressure and bullying were the most common reasons teens feel depressed or angry. In all communities, teens commented on how *"huge"* a problem bullying is, including cyber-bullying via cell phones, internet, and email. Teens suggested several ways to deal with bullying: *"ignore it"*, *"fight back"*, and *"stand up for the person being bullied"*.

Most teens indicated they talk to their friends or parents when they need help. Several teens said that counselors and hotlines are good resources. A few teens said they “bottle” it up. One teen explained, “*They might be afraid of the consequences of telling*”, since people might think they’re crazy. Very few teens said they would go to the school counselor because school counselors are for “*academics*” or might tell the teen’s parents.

Violence and Injury

Teens in all communities said that bullying is a large issue. Another issue regarding violence is “*fighting*” both in school and in the community. A number of teens admitted fighting between boyfriends and girlfriends, both physically and emotionally. Several teens mentioned domestic violence and fights in the community committed by adults.

Teens in all groups gave equal weight to drinking, distractions, and reckless driving as causes of car accidents. Several teens said texting or talking on the phone while driving are the main distractions. A couple participants indicated that their peers think it’s fun or “*cool*” to speed, race and “*drift*”. One said teens “*get cocky about driving and think they are better than they are*”. More than half of the teens, except those in the Billings group, said they only wear a seat belt if they are on the highway. All of the teens in Billings said they wear a seat belt except when they are driving on the ranch or rural roads for hunting.

When asked ways to prevent car accidents, most teens suggested making it more difficult to get a driver’s license including more education hours, and stricter testing. A couple teens mentioned raising insurance rates or the age at which a teen is eligible to obtain a license as other methods to prevent car accidents.

TOP CONCERNS

Teens were asked about the best way to reach teens regarding health issues. The suggestions are listed below in no particular order.

- Let teens create programs with their ideas and suggestions.
- Use one-on-one talks with people who aren’t much older, like 18-20 years old.
- Use moderated discussion groups with younger leaders
- Form youth groups that do activities together as well as discuss these topics.
- Do things outside of school.
- Use rap music or more mainstream music in advertisements.
- Have people with experience come in and talk to the teens.
- Posters or information with lots of energy, flashy, and catchy.
- A recreation center in the Blackfeet Reservation
- Use the media and school
- More PE classes in school, or use of the gym for 30 minutes and get class credit.
- Health class for more than one year but with new information
- More health promotion activities such as ‘Relay for Life’.
- Start educating all of these topics at a younger age.
- More physical activities or social functions.
- More sports options/alternatives in school such as martial arts.
- Nutrition classes in school to teach healthy cooking

CONCLUSION/RECOMMENDATIONS

Teens in all groups were very willing to share their thoughts and opinions. These adolescents agreed that more information is needed regarding sexual health, help with bullying, and emotional issues as teens face ever-increasing pressure. Work needs to be done to give teens something else to do besides drinking and using drugs, especially in the smaller communities.

These focus groups highlight some of the issues adolescents face in school, at home, or in their community. Relevant findings and recurring themes have been raised in these focus groups and strategies should be identified for improvement. Some strategies to consider are to:

- Survey a larger number of adolescents to verify and analyze the qualitative results of these focus groups and identify other improvement opportunities.
- Set quantitative outcome goals to measure effectiveness of Maternal and Child Health Block Grant cycles.
- Plan and conduct a 'road show' throughout Montana to engage public health stakeholders (such as local health departments, state agencies, families, health plans, local public school systems). This 'road show' could utilize a PowerPoint presentation build around this report and discuss specific strategic planning and/or policy development.